8.940 OLD AGE PENSION HEALTH CARE PROGRAM AND OLD AGE PENSION HEALTH CARE SUPPLEMENTAL PROGRAM

8.941 EXTENT AND LIMITATIONS OF MEDICAL CARE

8.941.1 GENERAL DESCRIPTION - OLD AGE PENSION HEALTH CARE PROGRAM AND OLD AGE PENSION HEALTH CARE SUPPLEMENTAL PROGRAM

In accordance with the Constitution of Colorado, Title XXIV, Section 7, and the Colorado Social Services Act, an Old Age Pension Health Care Program is established to provide necessary medical care for the Old Age Pension recipients who do not qualify for Medicaid under Title XIX of the Social Security Act and Colorado statutes. The State Department is designated as the single State agency to administer the program.

The Old Age Pension Health Care Supplemental Program is authorized by Colorado Revised Statues, Section 26-2-117, C.R.S. The funding for this program cannot be accessed until all funds in the Old Age Pension Health Care Program are exhausted.

A. The Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program provide optional benefits to clients who qualify for (State only) OAP-A and (State only) OAP-B pensions who do not qualify for Federal Financial Participation in the Colorado Medicaid Program. These cases are coded with Supplemental Income Status Code (SISC) C.

B. Under the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program, only the following State funded benefits are provided: physician and practitioner services, inpatient hospital, outpatient services, lab and x-ray, emergency transportation, emergency dental, pharmacy, home health services and supplies, and Medicare cost sharing. As of January 1, 2004 the inpatient hospital benefit is suspended until October 15, 2004.

   Effective October 15, 2004, the inpatient hospital benefit is restored at those hospitals which participate under the Colorado Indigent Care Program. Services to the clients covered under the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program are limited to those inpatient services available under the Colorado Indigent Care Program.

   Effective January 1, 2006, Medicare Part D prescription drugs **provided pursuant to the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (**defined at 42 U.S.C. Sections 1395w-102 and 141 and 42 C.F.R. Section 423**, *et seq.*) shall not be a benefit for**

those individuals who are eligible for both Medicare and the Old Age Pension Health Care Program or the Old Age Pension Health Care Supplemental Program. The pharmacy drug benefit under the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program shall follow Medicaid regulations, as specified under 8.830.

For the benefits listed above, the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program shall only be used to provide clients with health care services determined to be medically necessary by the health care provider.

C. All other medical benefits not listed in paragraph B are excluded under the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program. Inpatient care in an institution for tuberculosis or mental diseases, skilled and intermediate nursing facility services, and home and community based services are also excluded.

D. The Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program eligibility shall not be retroactive. Eligibility shall begin with the date of application or date eligibility is established, whichever is later.

E. The Executive Director of the Department of Health Care Policy and Financing, under the direction of the State Medical Services Board, shall manage the Old Age Pension Health and Medical Care fund and the supplemental Old Age Pension Health and Medical Care fund to assure that utilization controls and other mechanisms are in place in order to hold expenditures within the constitutional and statutory limits.

Should the Executive Director, at any time during the course of a fiscal year, determine that expenditures will exceed the available funds, he/she shall take action to reduce expenditures as needed by reducing, suspending, or eliminating payments for covered benefits.

The Executive Director shall consider reducing, suspending or eliminating benefits, individually or in any combination, based upon the shortest duration of time and considering the least impact on the client. The Executive Director shall report to the Board whenever such action is required, specifying the dollar impact, length of time for the reduction, and the number of clients and providers affected. In addition, the Executive Director shall report to the Board on the feasibility of other cost reduction options.

F. Counties shall provide information to Old Age Pension Health Care Program clients regarding the disposal of excess resources in order to qualify for the Medicaid program. Such information shall include

advisements concerning the prohibition of transfer of assets without fair consideration.

G. If Medicare pays for a medical service that is a non-benefit for this group, the co-insurance and deductible will not be paid by the Old Age Pension Health Care Program or the Old Age Pension Health Care Supplemental Program.

8.941.2 DEFINITION

Throughout this section of the rules, all references to "medical" shall mean the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program. Exceptions will be noted in the specific rule. Provider bulletins, claim forms, authorization forms, Medicaid Authorization Card (MAC), and all forms of communication to providers, counties and recipients shall include Colorado Medical Assistance Program, Old Age Pension Health Care Program, and the Old Age Pension Health Care Supplemental Program.

8.941.3 GROUPS ASSISTED UNDER THE OLD AGE PENSION HEALTH CARE PROGRAM AND THE OLD AGE PENSION HEALTH CARE SUPPLEMENTAL PROGRAM

Old Age Pension Health Care Program and the Old Age Pension Health Supplemental Program benefits are provided to persons receiving OAP-A, OAP-B, and OAP refugees who do not meet SSI eligibility criteria, but do meet the State eligibility criteria for the Old Age Pension Health Care Program. These persons qualify for a SISC Code C.

A. SISC Code C – this code is for persons eligible to receive financial assistance under OAP-A, OAP-B, or OAP Refugee Assistance, who do not receive an SSI payment, and do not otherwise qualify for the Colorado Medicaid Program. Code C signifies that no FFP is available in medical assistance program expenditures.

B. Recipients of financial assistance under State AND, State AB or OAP "C" are not eligible for assistance under the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program.

8.941.4 FINANCIAL ASSISTANCE

All rules applicable to Old Age Pension financial assistance program payments (as set forth in the Department of Human Services rules at 9 CCR 2503-1) shall to the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program.

8.941.5 CERTIFICATION OF PAYMENT FOR PROVIDERS

All providers of medical services in their submission of claim to the Old Pension Health Care Program and the Old Age Pension Health Care Supplemental Program certify that, "I will accept as payment in full, payment made under the Old Age Pension Health Care Program, and certify that no supplemental charges have been, or will be, billed to the patient, except for those non-covered items, or services, if any, which are not reimbursable under the Old Age Pension Health Care Program or the Old Age Pension Health Care Supplemental Program."

8.941.6 GENERAL EXCLUSIONS

In addition to any specific exclusion defined in this manual, the general exclusions from coverage of the Old Pension Health Care Program and the Old Age Pension Health Care Supplemental Program defined by the rules of the Department of Human Services (9 CCR 2503-1) are also excluded.

8.941.7 OUT-OF-STATE MEDICAL CARE

All requirements for out of state medical care as defined by the rules in this manual apply to the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program for covered services with the exception that any reduction, suspension or elimination of benefits must be applied.

8.941.8 SUBMISSION OF CLAIMS

Rules governing the submission or payment of claims, provider or recipient appeals, third party liability, overpayment, fraud and abuse, and State identification numbers as defined in this manual apply to the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program for covered services with the exception that any reduction, suspension or elimination of benefits provided must also be applied.

8.941.9 REIMBURSEMENT TO PROVIDERS

As of October 15, 2004, the Old Age Pension Health Care Program and the Old Age Pension Health Care Supplemental Program will reimburse inpatient hospital services, which are only a covered benefit at those hospitals that participate under the Colorado Indigent Care Program, at 10% of the appropriate Medicaid reimbursement.

As of September 1, 2006, providers of physician and practitioner services; outpatient services (including outpatient hospitals, federal qualified health centers, rural health centers and dialysis centers); emergency dental services; independent laboratory and x-ray services; medical supply services; hospice and home health services; and emergency transportation services will be reimbursed at 40% of the appropriate Medicaid reimbursement.

As of November 1, 2006, pharmacy claims are reimbursed at 70% of the appropriate Medicaid reimbursement.

In accordance with 8.941.1(E), the Executive Director may alter the reimbursement for any service with the condition that expenditures remain within the constitutional and statutory limits.

8.941.10 CLIENT CO-PAYMENT

Recipients of benefits under the OAP Health Care Program or Old Age Pension Health Care Supplemental Program shall be responsible for paying directly to providers a set portion of the cost of services according to the regulations and fee schedule as defined for the Medical Assistance and described in section 8.754 of this manual. This charge to the recipient will be called co-payment.

Those recipients whose co-payments reach a limit of $300.00 within a January 1 through December 31 calendar year will be exempted from further co-payments during that year. The exemption will begin on the date of payment for the claim, which indicates that the cumulative maximum has been reached.

It will be a recipient responsibility to present the Medical ID Card to the provider at the time a service is rendered in order to claim exemption from copayment for that service.

8.942 CHANGE OF SUPPLEMENTAL INCOME STATUS CODE (SISC) TO MEDICAID

8.942.1 MEDICAID QUALIFICATION

When a recipient of OAP-A or OAP-B and the OAP Health Care Program or Old Age Pension Health Care Supplemental Program subsequently qualifies for Medicaid, his/her SISC code must be changed to indicate Medicaid benefits. Additionally, the county must backdate the Medicaid benefits to the date the individual became eligible for Medicaid even if the recipient was eligible for the OAP Health Care Program or the Old Age Pension Health Care Supplemental Program at the time. Some reasons for Medicaid eligibility are: receipt of Supplemental Security Income, receipt of Social Security disability benefits, attainment of age 65, changes in alien status or reduction of resources that caused the individual to be ineligible for Medicaid.

8.943 IDENTIFICATION AND AFFIDAVIT REQUIREMENTS

8.943.1 Effective August 1, 2006, each applicant eighteen (18) years of age or older shall produce the following identification:

A. A valid Colorado Driver's License or a Colorado Identification Card, issued pursuant to Article 2 of Title 42, C.R.S.;

B. A United States Military Card or a Military Dependents' Identification Card;

C. A United States Coast Guard Merchant Mariner Card;

D. A Native American Tribal Document; OR

E. Other forms of identification or a waiver process to ensure that an individual proves lawful presence in the United States as authorized by the Executive Director of the Colorado Department of Revenue pursuant to Section 24-76.5-130(5)(a), C.R.S.

8.943.2 Effective August 1, 2006, each applicant eighteen (18) years of age or older shall execute an affidavit stating:

A. That he or she is a United States Citizen or legal permanent resident; OR

B. That he or she is otherwise lawfully present in the United States pursuant to Federal Law.

8.943.3. For an applicant who has executed an affidavit stating that he or she is an alien lawfully present in the United States under 8.943.2.B, the following shall apply:

A. Verification of lawful presence shall be made through the Federal Systematic Alien Verification of Entitlement Program operated by the United States Department of Homeland Security or a successor program designated by the United States Department of Homeland Security.

B. Until such verification of lawful presence is made, the affidavit may be presumed to be proof of lawful presence.

C. The county or medical assistance site shall perform the verification of lawful presence no more than 30 days after receipt of the affidavit stating that the applicant is otherwise lawfully present in the United States pursuant to Federal Law.

8.943.4 Photocopies of the identification listed in 8.943.1 shall be acceptable identification if the photocopies meet the following criteria:

A. A notary public must have certified on the photocopy or an attachment that individually identifies the original document that he or she saw the original document and that the photocopy is a true copy of that original; OR

B. Photocopies made by a county caseworker or medical assistance site worker who attests in writing on the photocopy that he or she saw the original documentation and that the photocopy is a true copy of that original.

8.943.5 The county shall retain a photocopy of the documentation required under section 8.943.

8.943.6.A. If an applicant does not have the required documentation, he or she must be given a reasonable opportunity period of up to ten (10) business days to provide the required documentation. If the applicant does not provide the required documentation within those ten (10) business days, then the application shall be denied.

8.943.6.B. If an applicant whose benefits are terminated on the basis of not having the documents required by 8.943.1 provides such documentation within ten (10) weeks of the date of denial, the denial shall be rescinded, and the client made eligible back to the data of application, provided he or she meet all other eligibility requirements.